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STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Request for Reinstatement of Class C Charter
Certificate

AAA A Extreme Limousine Service, LLC

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET 2010-295-T
NUMBER: 2009 - 302 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Brian Platt

Telephone:

843-879-9876

Address: 407 Longleaf Rd

Fax:

843-879-9876

Summerville SC 29483

Other:

Email: ~~X~~trmlimoman@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application - Class A/A Restricted
- ☐ Application - Class C Taxi
- ☐ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☐ Application - Class C Non-Emergency
- ☐ Application - Class C Stretcher Van
- ☐ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☒ Request for Reinstatement
- ☐ Request for Name Change on Certificate
- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other: _____
- I am requesting this reinstatement request be EXPEDITED*

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.



CLASS C REINSTATEMENT FORM

| | |
|---|--|
| File the original with: Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199 | Mail or fax a copy to: S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815 |
|---|--|

(X) DATE: _____

Please consider this an application for Reinstatement of my:

- ☐ Taxi Certificate Number _____
- ☒ Charter Certificate Number 8158
- ☐ Charter Bus Certificate Number _____
- ☐ Non-Emergency Certificate Number _____

My certificate was revoked/cancelled on 11-17-10 because of failure
 to submit a 2009 ^(DATE) Annual Report.

(*) I am seeking reinstatement because I just started business in October of 2009 and did not think I needed to report until 1 full year lapsed.

AAA A Extreme Limousine Service, LLC ^{DBA} _____
 (Name of Company) (if applicable)

(*) 407 Longleaf Rd
 (Street Address)

(*) N/A
 (Mailing Address if different from Street Address)

(*) Summerville, SC 29483
 (City, State, Zip Code)

(*) Brian K. Platt
 (Signature)

(*) 843-879-9876
 (Telephone Number)

(*) owner
 (Title) Owner, President, etc.

Transportation CARRIER ANNUAL REPORT

CLASS C - TAXI - CHARTER - NON-EMERGENCY - STRETCHER VEHICLE
OF

AAA A Extreme Limousine Service, LLC

Exact Legal Name of Respondent

PSC/ORS Number (leave blank)

FOR THE YEAR ENDED 2009

☒ Calendar Year Ending December 31, 2009

or

☐ Fiscal Year Ending _____



3-30-11 Carrier requesting reinstatement

Company Officers

| Title of Officer | Name of Person Holding Office |
|-----------------------|-------------------------------|
| President | Brian Platt |
| Vice-President | |
| Secretary | |
| Treasurer | |
| Gen. Manager or Supt. | Brian Platt |

Contact Information (If different from above)

| | | | |
|-------------------|-----------------|---------|----------------------|
| Contact Name: | Brian Platt | | |
| Title: | Owner | | |
| Street Address: | 407 Longleaf Rd | | |
| City: | Summerville | State: | Sc |
| | | Zip: | 29483 |
| Telephone Number: | (843) 879-9876 | E-mail: | X+Rmlimona@yahoo.com |

Certification

State of South Carolina

County of Berkeley

I, Brian Platt

of the

AAA A Extreme Limousine Service, LLC Company

hereby certify that the foregoing Annual Report was prepared by me or under my supervision, that I have examined it, and that the items herein reported on the basis of my knowledge are correctly shown.

Brian K. Platt

Signature

3-31-11

Date